

Actna

AIX Group, a member of the
Hanover Insurance Group

Bank of America

Catlin Insurance

ConnectiCare

Conning

First Investors Corporation

First Niagara Financial
Group

The Hartford Financial
Services Group

Hartford Steam Boiler
Inspection & Insurance
Company/Munich RE

ING U.S. Financial Services

InSource/Virtusa

Insurity

KPMG

Lincoln Financial Group

MassMutual Financial Group

MetroHartford Alliance

Northeast Utilities

People's United Bank

The Phoenix Companies

PricewaterhouseCoopers

Prudential Retirement

Robinson & Cole, LLP

Savings Bank Life
Insurance/VantisLife

TD Bank

Travelers Companies

UnitedHealthcare

United Illuminating

Webster Bank

XL Group plc

**Statement of Opposition on Behalf of
Connecticut's Insurance and Financial Services Cluster**

Regarding

HB 5485: AAC The Connecticut Health Insurance Exchange

Insurance & Real Estate Committee

March 15, 2012

FTR

Establishing a new system of health care information and delivery in our state is a major undertaking at the very least, and to do so in two short years is a critical challenge. In comparison to other states, Connecticut is clearly in the forefront of developing its own Exchange due to the concerted efforts of the Exchange Board and the industry professionals who are driving us toward this short deadline.

Federal law requires each state to choose a benchmark plan that would serve as the standard for the qualified health plans in the Exchange. HB 5485 requires the Insurance & Real Estate Committee to select the benchmark plan for Connecticut and for the General Assembly to have the overall authority to approve the plan for qualified health plans in and sold outside of the Exchange.

The following should be considered when contemplating HB 5485:

- The benchmark plan for Connecticut should be cost-competitive for businesses and attractive for younger consumers that includes a high deductible, minimal mandate plan.
- There is a continual focus on developing a flexible, free market approach to allow for as many consumer choices as possible. This would include allowing for the benchmark plan to be applied to qualified health plans within the Exchange and still permitting the alternative, non-benchmark plans to be sold outside of the Exchange.
- Allow for the Exchange Board, with its dedicated and diversified expertise, to have the final authority on which benchmark plan best fits in the Exchange model.

We ask that the Committee consider amending the legislation to be more inclusive of the Exchange Board both in the selection of the benchmark plan and the ultimate authority given to approve such plan. An inclusive and unified approach will ultimately yield a better plan and the right choice for a healthier Connecticut.

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